

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Southern District of New York

In re HHH Choices Health Plan, LLC

Debtor(s)

Case No. 15-11158-mew
Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
1199SEIU Funds 330 West 42nd Street 27th Floor New York, NY 10036	1199SEIU Funds 330 West 42nd Street 27th Floor New York, NY 10036	Trade debt	Contingent Unliquidated	23,516,694.00
A & J Home Care, Inc. 359 East Main Street Suite 3A Mount Kisco, NY 10549	A & J Home Care, Inc. 359 East Main Street Suite 3A Mount Kisco, NY 10549	Trade debt		153,110.38
Amazing Home Care Svcs LLC 1601 Bronxdale Avenue Bronx, NY 10462	Amazing Home Care Svcs LLC 1601 Bronxdale Avenue Bronx, NY 10462	Trade debt		1,144,695.83
American Medical Alert 36-36 33rd Street Suite B100 Long Island City, NY 11106-2329	American Medical Alert 36-36 33rd Street Suite B100 Long Island City, NY 11106-2329	Trade debt		125,605.00
Any-Time Home Care, Inc. 5 Waller Avenue White Plains, NY 10601	Any-Time Home Care, Inc. 5 Waller Avenue White Plains, NY 10601	Trade debt		117,229.62
Chinese American Planning Coun One York Street, 2nd Floor New York, NY 10013	Chinese American Planning Coun One York Street, 2nd Floor New York, NY 10013	Trade debt		300,459.80
Concept of Independence 120 Wall Street New York, NY 10005	Concept of Independence 120 Wall Street New York, NY 10005	Trade debt		346,460.55
Concourse Rehabilitations Nurs 1072 Grand Concourse Bronx, NY 10456	Concourse Rehabilitations Nurs 1072 Grand Concourse Bronx, NY 10456	Trade debt		244,126.00
Eastchester Rehab 2700 Eastchester Road Bronx, NY 10469	Eastchester Rehab 2700 Eastchester Road Bronx, NY 10469	Trade debt		265,436.29

B4 (Official Form 4) (12/07) - Cont.

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Family Home Care of Bkly & Que 168 Seventh Street Brooklyn, NY 11215	Family Home Care of Bkly & Que 168 Seventh Street Brooklyn, NY 11215	Trade debt		279,514.99
FEGS Home Attendant Srvc. Inc. 424 East 147th Street 4th Floor Bronx, NY 10455-4104	FEGS Home Attendant Srvc. Inc. 424 East 147th Street 4th Floor Bronx, NY 10455-4104	Trade debt		157,220.16
Homehealth Management Services 30 Broad Street 12th Floor New York, NY 10004	Homehealth Management Services 30 Broad Street 12th Floor New York, NY 10004	Trade debt		106,507.50
Neighbors Home Care Services C 148 Hamilton Avenue White Plains, NY 10602	Neighbors Home Care Services C 148 Hamilton Avenue White Plains, NY 10602	Trade debt		112,244.76
NYS Department of Health Medicaid Financial Management Corning Tower - Room 1237 Albany, NY 12237	NYS Department of Health Medicaid Financial Management Corning Tower - Room 1237 Albany, NY 12237	Trade debt	Subject to Setoff	548,389.16
Personal Touch Home Care of NY Gen Post Office PO Box 5248 New York, NY 10117-2534	Personal Touch Home Care of NY Gen Post Office PO Box 5248 New York, NY 10117-2534	Trade debt		179,587.25
Personal Touch Home Care of We 7-11 South Broadway Suite 300 White Plains, NY 10601	Personal Touch Home Care of We 7-11 South Broadway Suite 300 White Plains, NY 10601	Trade debt		138,254.88
Rain Home Attendant Services, 811 Morris Park Avenue Bronx, NY 10462	Rain Home Attendant Services, 811 Morris Park Avenue Bronx, NY 10462	Trade debt		290,621.35
St. Nicholos Human Support 2 Kingsland Avenue Brooklyn, NY 11211	St. Nicholos Human Support 2 Kingsland Avenue Brooklyn, NY 11211	Trade debt		169,227.90
The Royal Care 6323 14th Avenue Brooklyn, NY 11219	The Royal Care 6323 14th Avenue Brooklyn, NY 11219	Trade debt		648,045.48
Utd Jewish Cou Home Attnd Svcs 500 A Grand Street New York, NY 10002	Utd Jewish Cou Home Attnd Svcs 500 A Grand Street New York, NY 10002	Trade debt		186,816.08

B4 (Official Form 4) (12/07) - Cont.

In re HHH Choices Health Plan, LLC

Case No. 15-11158-mew

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
(Continuation Sheet)

**DECLARATION UNDER PENALTY OF PERJURY
ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date July 13, 2015

Signature /s/ Mary Frances Barrett
Mary Frances Barrett
CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Southern District of New York

In re HHH Choices Health Plan, LLC,
Debtor
Case No. 15-11158-mew
Chapter 11

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	0.00		
B - Personal Property	Yes	5	6,321,075.57		
C - Property Claimed as Exempt	No	0			
D - Creditors Holding Secured Claims	Yes	1		0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		13,334.64	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	53		31,868,171.68	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	No	0			N/A
J - Current Expenditures of Individual Debtor(s)	No	0			N/A
Total Number of Sheets of ALL Schedules		65			
	Total Assets		6,321,075.57		
		Total Liabilities		31,881,506.32	

United States Bankruptcy Court
Southern District of New York

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 12)	
Average Expenses (from Schedule J, Line 22)	
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

Sub-Total >	0.00	(Total of this page)
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Total >	0.00
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0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand	X			
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Wells Fargo - Choices Health Plan LLC - Operating Account xxx xxx xxx 8064	-	337,745.06
		Wells Fargo - Choices Gold - Operating Account xxx xxx 3789	-	111.88
		Chase - Depository Account xxx xxx 708	-	4,116.12
		Chase - Deferred Sale Proceeds/Restricted Account - xxx xxx 417 (as of 5/31/15)	-	1,251,554.09
		M&T Bank - Restricted Reserve Escrow Account xxx2433	-	4,273,156.85
		M&T Bank - Restricted Reserve Escrow Account xxx3541	-	1,205.11
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			

Sub-Total > **5,867,889.11**
(Total of this page)

3 continuation sheets attached to the Schedule of Personal Property

In re HHH Choices Health Plan, LLC,
Debtor

Case No. 15-11158-mew**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		See attached schedule	-	Unknown
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.		Medicaid (as of 12/31/14)	-	453,186.46
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
			Sub-Total > (Total of this page)	453,186.46

Sheet 1 of 3 continuation sheets attached
to the Schedule of Personal Property

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE B - PERSONAL PROPERTY**
(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.		De minimis -- abandoned at 2100 Bartow Avenue	-	0.00
29. Machinery, fixtures, equipment, and supplies used in business.		De minimis -- abandoned at 2100 Bartow Avenue	-	0.00
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
Sub-Total > (Total of this page)				0.00

Sheet 2 of 3 continuation sheets attached
to the Schedule of Personal Property

In re **HHH Choices Health Plan, LLC** Debtor

Case No. 15-11158-mew

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

Sheet 3 of 3 continuation sheets attached
to the Schedule of Personal Property

Sub-Total > **0.00**
(Total of this page)

(Report also on Summary of Schedules)

Schedule B #9 -- Insurance Policies

Insurer	Named Insured	Type	Number	Term
Ironshore Insurance Services LLC	HHH Choices Health Plan, LLC	Managed Care Errors & Omissions Liability- Primary Extended Reporting Period	000968804	03/16/2015-2018
Chubb • Great Northern Insurance Company	HHCS, Inc.	Commercial Property Coverage	3598-38-85 EUC	05/16/2015-2016
CNA • Continental Casualty Company	HHCS, Inc.	Business Auto	5086867603	05/16/2015-2016
RSUI Indemnity Company	HHCS, Inc.	Directors & Officers Liability- Primary \$10M	NHP661820	03/16/2015-2016
Great American Insurance Companies	HHCS, Inc.	Excess Directors & Officers Liability- \$10M excess of \$10M	APX8185067	03/16/2015-2016
QBE Insurance Corporation	HHCS, Inc.	Excess Directors & Officers Liability- \$5M excess of \$20M	QPL0088564	03/16/2015-2016

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL			UNSECURED PORTION, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
Account No.							
			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
Account No.							
			Value \$				
Subtotal (Total of this page)							
Total (Report on Summary of Schedules)				0.00	0.00		

0 continuation sheets attached

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)
Wages, salaries, and commissions**TYPE OF PRIORITY**

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM		
Account No.								
Sylvan Henry 140 Bellamy Loop Apt 22E Bronx, NY 10475	-						0.00	
						12,390.70		12,390.70
Account No.								
Account No.								
Account No.								
Account No.								
Sheet <u>1</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Total of this page)		
							0.00	
								12,390.70
								12,390.70

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

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SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)

**Taxes and Certain Other Debts
Owed to Governmental Units**
TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				AMOUNT NOT ENTITLED TO PRIORITY, IF ANY	AMOUNT ENTITLED TO PRIORITY
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM		
Account No.								
Department of Treasury Internal Revenue Service Cincinnati, OH 45999-0039	-						0.00	
						943.94		943.94
Account No.								
Account No.								
Account No.								
Account No.								
Sheet <u>2</u> of <u>2</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims						Subtotal (Total of this page)	<u>0.00</u>	<u>0.00</u>
							<u>943.94</u>	<u>943.94</u>
						Total (Report on Summary of Schedules)	<u>0.00</u>	<u>0.00</u>
							<u>13,334.64</u>	<u>13,334.64</u>

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
				T	I	D	
Account No. xxx0028			Trade debt				
1199SEIU Funds 330 West 42nd Street 27th Floor New York, NY 10036		-			X	X	23,516,694.00
Account No. xxx0634			Trade debt				
A & A Staffing Health Care Ser 175 Main Street White Plains, NY 10601		-					27,449.60
Account No. xxx0627			Trade debt				
A & J Home Care, Inc. 359 East Main Street Suite 3A Mount Kisco, NY 10549		-					153,110.38
Account No. xxx0301			Trade debt				
A&S Limousine Service 712 Broadway 2nd Floor Brooklyn, NY 11206		-					60.00
Subtotal (Total of this page)							23,697,313.98
52 continuation sheets attached							

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0799		Trade debt				1,430.80
Accent Care 2111 White Plains Road Bronx, NY 10462	-					
Account No. xxx0422		Trade debt				231.24
Advanced Care 227 Nassau Street Hewlett, NY 11557	-					
Account No. xxx0591		Trade debt				120.00
Agape Luxury Corp. 556 Southern Blvd. Bronx, NY 10455-3715	-					
Account No. xxx0624		Trade debt				470.00
All Boro Community Adult Day C 2595 Webster Avenue Bronx, NY 10458	-					
Account No. xxx0578		Trade debt				4,484.00
All Metro Health Care 80 Broad Street 14th Floor New York, NY 10004	-					
Sheet no. 1 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			6,736.04

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0612		Trade debt				
All Season Home Attendant 377 Broadway 2nd Floor New York, NY 10013	-					18,735.60
Account No. xxx0005		Trade debt				
Allen Health Care PO Box 417780 Bank of America Lockbox Servic Boston, MA 02241-7780	-					89,861.09
Account No. xxx0854		Trade debt				
AllHealth Home Care, LLC 1100 Coney Island Avenue Suite 2 Brooklyn, NY 11230	-					15,029.00
Account No. xxx0572		Trade debt				
Alliance Home Services Inc. 1 Salvatore Naclerio Plaza Bronx, NY 10466	-					91,772.00
Account No. xxx0698		Trade debt				
Allied Health Services Inc. 391 East 149th Street Suite 318 Bronx, NY 10455	-				X	9,104.00
Sheet no. 2 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			224,501.69

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0312		Trade debt				
Alpine Home Health Care 4770 White Plains Road Bronx, NY 10470	-					1,566.50
Account No. xxx0566		Trade debt				
Alternate Staffing HomeAttenda 4918 Fort Hamilton Pkwy Brooklyn, NY 11219	-					23,318.75
Account No. xxx0401		Trade debt				
Amazing Home Care Svcs LLC 1601 Bronxdale Avenue Bronx, NY 10462	-					1,144,695.83
Account No. xxx0007		Trade debt				
American Medical Alert 36-36 33rd Street Suite B100 Long Island City, NY 11106-2329	-					125,605.00
Account No. xxx0483		Trade debt				
Andrea M. Ward, DPM 222 West 116th Street New York, NY 10026-2416	-					63.77
Sheet no. <u>3</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			1,295,249.85

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0372		Trade debt				
Annie Car Service 1665 Andrew Avenue Suite 3H Bronx, NY 10453-7311	-					1,212.00
Account No. xxx0604		Trade debt				
Any-Time Home Care, Inc. 5 Waller Avenue White Plains, NY 10601	-					117,229.62
Account No. xxx0787		Trade debt				
Approves Surgical Supplies Inc 2070 Jerome Avenue DCA 1008929 Bronx, NY 10453-1817	-					6.20
Account No. xxx0726		Trade debt				
Apria Healthcare - TN 3541 Solution Center Chicago, IL 60677	-					331.52
Account No. xxx0673		Trade debt				
Associated FO Services 36 36 33rd Street Long Island City, NY 11106	-					34,460.62
Sheet no. 4 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			153,239.96

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0868		Trade debt				
Astoria Foot Care Group PC 31-17 Ditmars Blvd. Astoria, NY 11105-2305	-					10.84
Account No. xxx0462		Trade debt				
Atlantic Adult Day Care Center 823 65th Street Brooklyn, NY 11220-4737	-					540.00
Account No. xxx0816		Trade debt				
Attending Home Care Services, 1125 Fulton Street Brooklyn, NY 11238	-					14,425.75
Account No. xxx0742		Trade debt				
Attentive Home Care 2774 Coney Island Avenue Brooklyn, NY 11235	-					6,506.75
Account No. xxx0244		Trade debt				
Bainbridge Nursing & Rehabilit 3518 Bainbridge Avenue Bronx, NY 10467	-					3,256.00
Sheet no. 5 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			24,739.34

In re

HHH Choices Health Plan, LLC

Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0623		Trade debt				
Baker Breast Prosthesis 145 West 71st Street #1F New York, NY 10023	-					335.08
Account No. xxx0247		Trade debt				
Bay Park Center for Nursing an c/o Sterling 4571 Rt. 9 Howell, NJ 07731	-					38,378.65
Account No. xxx0068		Trade debt				
Bay Plaza Community Center 546 5th Avenue New York, NY 10036	-					49,788.29
Account No. xxx0013		Trade debt				
Bestcare Inc. 3000 Hempstead Turnpike Suite 205 Levittown, NY 11756	-					104,882.84
Account No. xxx0573		Trade debt				
Beth Emeth Attendant Services 250 West 57th Street Suite 814 New York, NY 10107	-					17,518.00
Sheet no. 6 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			210,902.86

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0903		Trade debt				
Bethel Nursing and Rehabilitat 17 Narragansett Avenue Ossining, NY 10562	-					8,058.00
Account No. xxx0431		Trade Debt				
Bethel Springvale Nursing Home 67 Springvale Road Croton on Hudson, NY 10520	-					3,516.94
Account No. xxx0889		Trade debt				
Better Living Now, Inc. 185 Oser Avenue Hauppauge, NY 11788-9827	-					846.58
Account No. xxx0589		Trade debt				
Bhrags Home Care 9805 Foster Avenue Brooklyn, NY 11236	-					42,272.39
Account No. xxx0664		Trade debt				
BNV Home Care Agency, Inc. 96-60 Queens Blvd. Rego Park, NY 11374	-					10,314.50
Sheet no. 7 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			65,008.41

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0904		Trade debt				
Borbas Pharmacy Inc. 2046 Bath Avenue Brooklyn, NY 11214-4806	-					600.98
Account No. xxx0689		Trade debt				
Broadlawn Manor Nursing Rehab 399 Country Line Road Amityville, NY 11701	-					1,332.00
Account No. xxx0049		Trade debt				
Bronx Center for Rehabilitation 1010 Underhill Avenue Bronx, NY 10472	-					4,848.32
Account No. xxx0571		Trade debt				
Bronx Jewish Community Council 2930 Wallace Avenue Bronx, NY 10467	-					6,149.82
Account No. xxx0152		Trade debt				
Brooklyn United Methodist Chur 1485 Dumont Avenue Brooklyn, NY 11208	-					19,231.84
Sheet no. 8 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			32,162.96

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0418		Trade debt				
Bushwick Center Bushwick Center ADHC 50 Sheffield Avenue Brooklyn, NY 11207	-					96.95
Account No. xxx0615		Trade debt				
Bushwick Stuyvesant Heights Ho 992 Gates Avenue 2nd Floor Brooklyn, NY 11221	-					52,913.49
Account No. xxx0559		Trade debt				
CABS Home Attendant Svcs. Inc. 44 Varet Street Brooklyn, NY 11206	-					84,396.79
Account No. xxx0826		Trade debt				
Cardiff Bay Center LLC 5015 Beach Channel Drive Far Rockaway, NY 11691	-					272.00
Account No. xxx0856		Trade debt				
Caring Professionals, Inc. 70-20 Austin Street Suite 135 Forest Hills, NY 11375	-					95.00
Sheet no. 9 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			137,774.23

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0504		Trade debt				
Charles Morelli, D.P.M. 910 E. Boston Road Mamaroneck, NY 10543	-					28.73
Account No. xxx0554		Trade debt				
Chinese American Planning Coun One York Street, 2nd Floor New York, NY 10013	-					300,459.80
Account No. xxx0425		Trade debt				
Chirocare of New York IPA, Inc 201 Portion Road Suite A Ronkonkoma, NY 11779	-					10,000.00
Account No. xxx0641		Trade debt				
Christopher Chow DPM, P.C. 110-35 72nd Road Suite 409 Forest Hills, NY 11375	-					15.77
Account No. xxx0009		Trade debt				
Citistorage, LLC 5 North 11th Street Brooklyn, NY 11249	-					54.45
Sheet no. 10 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 310,558.75

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0113		Trade debt				
Citywide Mobile Response Corp 1624 Stillwell Avenue Bronx, NY 10461-2214	-					2,357.07
Account No. xxx0272		Trade debt				
Columbus Center 1221 Jerome Avenue Bronx, NY 10452	-					19,219.02
Account No. xxx0326		Trade debt				
Complete Orthopedic Services 2094 Front Street East Meadow, NY 11554-1709	-					90.00
Account No. xxx0599		Trade debt				
Concept of Independence 120 Wall Street New York, NY 10005	-					346,460.55
Account No. xxx0594		Trade debt				
Concord Limousine 712 Third Avenue Brooklyn, NY 11232-1113	-					68.00
Sheet no. <u>11</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			368,194.64

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0093		Trade debt				
Concourse Rehabilitations Nurs 1072 Grand Concourse Bronx, NY 10456	-					244,126.00
Account No. xxx0652		Trade debt				
Confucius Pharmacy Inc. 25 Bowery New York, NY 10002	-					348.16
Account No.		Trade debt				
Cooperative Home Care Assoc. Law Offices of Avrum J. Rosen 38 New Street Huntington, NY 11743	-					0.00
Account No.		Trade debt				
CPC Home Attendant Prgm. Inc. Law Office of Avrum J. Rosen 38 New Street Huntington, NY 11743	-					0.00
Account No. xxx0561		Trade debt				
Crest Ambulance 940 Remsen Avenue Brooklyn, NY 11236-1609	-					32.79
Sheet no. 12 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			244,506.95

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0259		Trade debt				
Daughters of Jacob Nursing Hom 1160 Teller Avenue Bronx, NY 10465-4145	-					500.00
Account No. xxx0576		Trade debt				
Deadline Advertising 662 Main Street New Rochelle, NY 10801	-					10,000.00
Account No. xxx0808		Trade debt				
Diana Matta, M.D. PO Box 277 Spring Valley, NY 10977-0277	-					238.48
Account No. xxx0824		Trade debt				
Ditmas Park Rehab & Care Cente 2107 Ditmas Avenue Brooklyn, NY 11226-6903	-					6,688.00
Account No. xxx0274		Trade debt				
Doctors United Inc. 907 East Tremont Avenue Bronx, NY 10460	-					2,307.71
Sheet no. 13 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			19,734.19

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0722		Trade debt				
Downstate Foot and Ankle Podia 635 Second Street Brooklyn, NY 11215-2601	-					27.36
Account No. xxx0354		Trade debt				
Downton Bronx Medical Associat PO Box 30498 New York, NY 10087	-					131.36
Account No. xxx0430		Trade debt				
Dumont Operating LLC 676 Pelham Road New Rochelle, NY 10805	-					8,134.64
Account No. xxx0503		Trade debt				
DV Luxury Transportation Corp. 1313 Prospect Avenue Bronx, NY 10459	-					1,830.00
Account No. xxx0282		Trade debt				
East Coast Orthotic and Prosth PO Box 662 Deer Park, NY 11729	-					439.94
Sheet no. 14 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 10,563.30

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0306		Trade debt				
East Haven Nursing and Rehab 2323 Eastchester Road Bronx, NY 10469	-					5,005.00
Account No. xxx0096		Trade debt				
Eastchester Rehab 2700 Eastchester Road Bronx, NY 10469	-					265,436.29
Account No. xxx0574		Trade debt				
Eastchester's Forever Young So 2050 Eastchester Road Bronx, NY 10461	-					1,440.00
Account No. xxx0548		Trade debt				
Eastside Orthotics & Prosthetic 889 Harrison Avenue Suite 2A Riverhead, NY 11901-2090	-					266.44
Account No. xxx0767		Trade debt				
Edward Buro, DPM 19 Harned Road Commack, NY 11725-3513	-					126.05
Sheet no. 15 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 272,273.78

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0253		Trade debt				
Elaine R. Williams Paulin DPM RR1 Box 1421 Henryville, PA 18332-9619	-					405.36
Account No. xxx0428		Trade debt				
Emanuel Home Care Services Inc 409 Broadway Brooklyn, NY 11211	-					152.00
Account No. xxx0785		Trade debt				
Emergency Ambulance Service 1580 Ocean Avenue Bohemia, NY 11718-6191	-					102.87
Account No. xxx0095		Trade debt				
Empress Ambulance P.O. Box 8000 Dept. 680 Buffalo, NY 14267	-					1,598.61
Account No. xxx0896		Trade debt				
Eschen Prosthetic & Orthotic L 510 East 73rd Street New York, NY 10021-4010	-					939.14
Sheet no. 16 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,197.98

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0498		Trade debt				
Essen Medical Associates 2024 Creston Avenue Bronx, NY 10453	-					1,033.40
Account No. xxx0508		Trade debt				
Extended Home Care 360 West 31st Street Suite 304 New York, NY 10001	-					72.55
Account No. xxx0596		Trade debt				
Family Home Care of Bkly & Que 168 Seventh Street Brooklyn, NY 11215	-					279,514.99
Account No. xxx0654		Trade debt				
Family Service Society of Yonk 30 South Broadway Yonkers, NY 10701	-					88,173.84
Account No. xxx0656		Trade debt				
Family Services of Westchester One Gateway Plaza Fourth Floor Port Chester, NY 10573	-					52.00
Sheet no. <u>17</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			368,846.78

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0576		Trade debt				
FEGS Home Attendant Srvc. Inc. 424 East 147th Street 4th Floor Bronx, NY 10455-4104	-					157,220.16
Account No. xxx0545		Trade debt				
First Chinese Presbyterian Hom 30 Broad Street 6th Floor New York, NY 10004	-					437.00
Account No. xxx0688		Trade debt				
Flushing Manor Nursing & Rehab 35-15 Parsons Blvd. Flushing, NY 11354	-					7,161.60
Account No. xxx0358		Trade debt				
Foot Clinics of New York PO Box 95000-3940 Philadelphia, PA 19195-0001	-					20.98
Account No. xxx0668		Trade debt				
Footcare Podiatry PC 309 East 104th Street New York, NY 10029-5514	-					122.77
Sheet no. 18 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			164,962.51

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0542		Trade debt				
Forever Young Social Adult Day 3305 3rd Avenue Bronx, NY 10456	-					7,135.00
Account No. xxx0214		Trade debt				
Fort Tryon Rehabilitation & He 801 W. 190th Street New York, NY 10040	-					1,033.40
Account No. xxx0682		Trade debt				
Four Seasons Nursing 945 East 108th Street Brooklyn, NY 11236	-					23,400.00
Account No. xxx0823		Trade debt				
Friendly Home Care, Inc. 2002 Coney Island Avenue Brooklyn, NY 11223	-					720.00
Account No. xxx0393		Trade debt				
Galaxy Transportation Inc. 154 Amsterdam Avenue Hawthorne, NY 10532	-					498.00
Sheet no. 19 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			32,786.40

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. xxx0560		Trade debt				
Garden Court Health Supplies 9131 Bedell Lane Brooklyn, NY 11236	-					4,466.77
Account No. xxx0399		Trade debt				
GFG Medical, PC 2444 Walton Avenue Bronx, NY 10468	-					287.08
Account No. xxx0090		Trade debt				
Gold Crest Care 2316 Bruner Avenue Bronx, NY 10469	-					8,023.94
Account No. xxx0284		Trade debt				
Goldenberg & Summers 3250 Third Avenue Bronx, NY 10456	-					600.00
Account No. xxx0285		Trade debt				
Goldenberg & Summers 3250 Third Avenue Bronx, NY 10456	-					594.16
Sheet no. 20 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			13,971.95

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0502		Trade debt				
Grand Manor Nursing & Rehab Ce 700 White Plains Road Bronx, NY 10473	-					935.32
Account No. xxx0768		Trade debt				
Greater NY Physical 174 Grand Street White Plains, NY 10601-4803	-					237.15
Account No. xxx0263		Trade debt				
Hampton Health Care 260 Hampton Road Southampton, NY 11968	-					1,850.43
Account No. xxx0071		Trade debt				
Hanger Clinic: Orthotic & Pros 1250 Waters Place Suite 702 Bronx, NY 10461-2720	-					1.10
Account No. xxx0219		Trade debt				
Happy Care Ambulette Inc. 1174 Commerce Avenue #1 Bronx, NY 10462-5535	-					696.88
Sheet no. 21 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			3,720.88

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0258		Trade debt				
Happy Feet Foot & Medical Clin 953 Southern Blvd Suite 204 Bronx, NY 10459	-					375.00
Account No. xxx0123		Trade debt				
Hartford Life 277 Park Avenue New York, NY 10172	-					13,142.19
Account No.						
Health Acquisition Corp. 17520 Hillsdale Avenue Jamaica, NY 11432	-			X		Unknown
Account No. xxx0491		Trade debt				
HealthPlex, Inc. 333 Earle Ovington Blvd. Suite 300 Attn: CVO Uniondale, NY 11553	-					21,259.48
Account No. xxx0666		Trade debt				
Heel to Toe Foot Care 3555 East Tremont Avenue Bronx, NY 10465-2017	-					183.84
Sheet no. 22 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			34,960.51

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CO N T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0447		Trade debt				
Holliswood Care Center Inc. 195-44 Woodhull Avenue Hollis, NY 11423-2982	-					21,139.75
Account No. xxx0539		Trade debt				
Home Attendant Svcs--Hyde Park 1273 53rd Street Brooklyn, NY 11219	-					53,108.52
Account No. xxx0535		Trade debt				
Home Attendant Vendor Agency 3036-B Nostrand Avenue Brooklyn, NY 11229	-					51,923.27
Account No.		Trade debt				
Home Care Svcs for Ind Living Law Office of Avrum J. Rosen 38 New Street Huntington, NY 11743	-					0.00
Account No. xxx0429		Trade debt				
Home Health Care Services of N 1650 Coney Island Avenue Brooklyn, NY 11230	-					532.00
Sheet no. <u>23</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						126,703.54

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0220		Trade debt				
Home Medical Specialties 5644 59th Place Maspeth, NY 11378	-					168.03
Account No. xxx0126		Trade debt				
Homecare Concepts 1095 Route 110 Farmingdale, NY 11735	-					193.85
Account No. xxx0520		Trade debt				
Homehealth Management Services 30 Broad Street 12th Floor New York, NY 10004	-					106,507.50
Account No. xxx0863		Trade debt				
Homeside Rehab, PT, OT, SLP LL 3911 Avenue P Brooklyn, NY 11234-3501	-					1,564.23
Account No. xxx0102		Trade debt				
Hoveround Corp 6010 Cattleridge Drive Sarasota, FL 34243	-					66.44
Sheet no. 24 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			108,500.05

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xN459		Trade debt				
Howard A. Rosas, DPM 4960 Broadway Suite 1C New York, NY 10034-2314	-					20.00
Account No. xxx0628		Trade debt				
Independent Living 2044 Ocean Avenue Suite B4 Brooklyn, NY 11230	-					50,499.12
Account No. xxx0647		Trade debt				
Integra Partners PO Box 347909 Pittsburgh, PA 15251-0490	-					2,873.14
Account No. xxx0707		Trade debt				
InterGen Health LLC 1650 Eastern Parkway Brooklyn, NY 11233	-					28,437.50
Account No. xxx0670		Trade debt				
Interim Health Care 508 Airport Executive Park Nanuet, NY 10954	-					4,147.36
Sheet no. <u>25</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 85,977.12

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0693		Trade debt				
IPC The Hospitalist Company In P.O. Box 844929 Los Angeles, CA 90084-4929	-					8,333.35
Account No. xxx0801		Trade debt				
Isabella Home Care & Community 5073 Broadway New York, NY 10034	-					1,751.48
Account No. xxx0135		Trade debt				
Isabello Geriatric Center 515 Audubon Avenue New York, NY 10040-3403	-					103,013.95
Account No. xxx0832		Trade debt				
J & K Healthcare Services 140 Huguenot Street New Rochelle, NY 10801	-					35,712.00
Account No. xxx0671		Trade debt				
Jachimowicz 87 India Street Brooklyn, NY 11222-5910	-					490.34
Sheet no. 26 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			149,301.12

In re

HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0045		Trade debt				
Jamaica Hospital Medical Cente 8900 Van Wyck Expressway Jamaica, NY 11418	-					1,000.00
Account No. xxx0163		Trade debt				
Jewish Home and Hospital 100 West Kingsbridge Road Bronx, NY 10463	-					616.02
Account No. xxx0496		Trade debt				
Jewish Home Lifecare 845 Palmer Avenue Mamaroneck, NY 10543	-					4,560.00
Account No. xxx0812		Trade debt				
Jopal; Bronx, LLC 3155 Grace Avenue Brooklyn, NY 10469	-					60,524.13
Account No. xxx0608		Trade debt				
Jordan M. Ciner, DPM 201 East 87th Street Apt. 28 AB New York, NY 10128-4132	-					333.29
Sheet no. 27 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			67,033.44

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0897		Trade debt				
Kenneth R. Meislerm, DPM 210 E. 86th Street #402 New York, NY 10028-9998	-					139.21
Account No. xxx0050		Trade debt				
Kings Harbor Multicare Center 2000 E. Gunhill Road Bronx, NY 10469	-					11,078.40
Account No. xxx0777		Trade debt				
Kingsbridge Heights Homecare 295 West 231st Street Bronx, NY 10463	-					13,898.43
Account No. xxx0030		Trade debt				
Landauer Metropolitan One Bradford Road Mount Vernon, NY 10553	-					4,687.30
Account No. xxx0054		Trade debt				
Lifeline Ambulance 2593 West 13 Street Brooklyn, NY 11223-5812	-					3,494.38
Sheet no. 28 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			33,297.72

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0175		Trade debt				
Lifeline Systems Company 111 Lawrence Street Framingham, MA 01702	-					4,968.00
Account No. xxx0744		Trade debt				
Losyev Sergey 153 Bay 26th Street Brooklyn, NY 11214-4938	-					48.09
Account No. xxx0802		Trade debt				
Lynn Agency 188-11 Hillside Avenue Hollis, NY 11423	-					1,140.00
Account No. xxx0476		Trade debt				
Madison Occupational Therapy 8829 Fort Hamilton Parkway Suite FF Brooklyn, NY 11209-6013	-					65.47
Account No. xxx0156		Trade debt				
Mager & Gougelman Inc. 345 East 37th Street New York, NY 10016	-					92.64
Sheet no. 29 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			6,314.20

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0022		Trade debt				
Manatt, Phelps & Phillips 30 South Pearl Street 12th Floor Albany, NY 12207	-					40,237.57
Account No. xxx0661		Trade debt				
Manhattanville SBV LLC 311 West 231st Street Bronx, NY 10463	-					14,858.80
Account No. xxx0756		Trade debt				
Marsha Bienenstock, DPM 46 East Henrietta Avenue Oceanside, NY 11572-5126	-					254.83
Account No. xxx0230		Trade debt				
Medalliance Medical Health Ser 625 East Fordham Road Bronx, NY 10458	-					1,960.11
Account No. xxx0899		Trade debt				
Medisys Ambulance Services 8900 Van Wyck Expressway Jamaica, NY 11418-2832	-					57.75
Sheet no. 30 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			57,369.06

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0033		Trade debt				
Medstar Surgical and Breathing 15-40 128th Street College Point, NY 11356	-					10,729.06
Account No. xxx0293		Trade debt				
Mercy Home Care & Medical Supp 2001 McDonald Avenue Brooklyn, NY 11223	-					2,688.36
Account No. xxx0077		Trade debt				
Metropolitan Hospital Center 1901 1st Avenue New York, NY 10029	-					2,132.90
Account No. xxx0583						
Metropolitan Medical Practice CL5035 PO Box 95000 Philadelphia, PA 19195-5035	-					10.92
Account No. xxx0400		Trade debt				
Mid-Hudson Comprehensive Med 741 East 233rd Street Bronx, NY 10466	-					260.00
Sheet no. <u>31</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			15,821.24

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0590		Trade debt				
Midwood Ambulance 2593 W. 13th Street Brooklyn, NY 11223-5812	-					18,618.13
Account No. xxx0182		Trade debt				
Milliman One Pennsylvania Plaza 38th Floor New York, NY 10119	-					6,082.50
Account No. xxx0032		Trade debt				
Montefiore Home Care One Fordham Plaza Suite 1100 Bronx, NY 10458	-					318.24
Account No. xxx0065		Trade debt				
Morningside Nursing and Rehabi 1000 Pelham Parkway S Bronx, NY 10461	-					5,874.58
Account No. xxx0311		Trade debt				
Morris Heights Health Center 85 West Burnside Avenue Bronx, NY 10453	-					1,152.00
Sheet no. 32 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			32,045.45

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0716		Trade debt				
Mrs. Mary's Place Home Care Se 395 Pearl Street Suite 4 Brooklyn, NY 11201	-					1,482.25
Account No. xxx0438		Trade debt				
Mt. Vernon Foot Care 514 Gramatan Avenue Suite P4 Mount Vernon, NY 10552	-					500.27
Account No. xxx0525		Trade debt				
Mutual of Omaha Mutual of Omaha Plaza 5th Floor - Account Reconcile Omaha, NE 68175	-					751.99
Account No. xxx0385		Trade debt				
Mutual of Omaha Mutual of Omaha Plaza 5th Floor - Account Reconcile Omaha, NE 68175	-					0.00
Account No. xxx0451		Trade debt				
Mutual of Omaha Mutual of Omaha Plaza 5th Floor - Account Reconcile Omaha, NE 68175	-					0.00
Sheet no. 33 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			2,734.51

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0883		Trade debt				
MZL Home Care Agency, LLC 1819 E 13th Street Brooklyn, NY 11229	-					23,349.00
Account No. xxx0724		Trade debt				
MZZZ LLC 14 Cortlandt Street Mount Vernon, NY 10550-2652	-					1,485.80
Account No. xxx0097		Trade debt				
Nassau Health Care Supplies 4574 Third Avenue Bronx, NY 10458-7802	-					4,703.64
Account No. xxx0737		Trade debt				
Neighbors Home Care Services C 148 Hamilton Avenue White Plains, NY 10602	-					112,244.76
Account No. xxx0640		Trade debt				
New York Home Care Supplies 30 Hopper Street Westbury, NY 11590	-					1,577.40
Sheet no. 34 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			143,360.60

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0747		Trade debt				
Nicholas Champion, DPM 178 09 Hillside Avenue Jamaica, NY 11432-4624	-					47.23
Account No. xxx0441		Trade debt				
Northern Manhattan Rehab and N 116 East 125th Street New York, NY 10035	-					35,247.52
Account No. xxx0683		Trade debt				
Nursing Personnel Homecare 175 South 9th Street Brooklyn, NY 11211	-					20,842.00
Account No. xx x0089		Trade debt				
Nxk Corp. 8 East Prospect Avenue Suite C Mount Vernon, NY 10550	-					4,358.80
Account No. xxx0546		Trade debt				
NY Foundation for Sr. Citizens 11 Park Place Suite 1416 New York, NY 10007	-					58,302.68
Sheet no. 35 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 118,798.23

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No.						
NYS Department of Health Medicaid Financial Management Corning Tower - Room 1237 Albany, NY 12237	-	Trade debt Subject to setoff.				548,389.16
Account No. xxxx0274		Trade debt				
NYS Department of Labor Unemployment Insurance Div. P.O. Box 15122 Albany, NY 12212	-					4,657.50
Account No.		Trade debt				
NYS Medicaid Inspector General 800 North Pearl Street Albany, NY 12204	-			X		63,625.79
Account No. xxx0529		Trade debt				
Ocean Ambulette Service 3072 Brighton 1st Street Brooklyn, NY 11235	-					180.00
Account No. xxx0385		Trade debt				
Ocean Breeze Infusion Care PO Box 5348 Toms River, NJ 08754-5348	-					25.02
Sheet no. <u>36</u> of <u>52</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			616,877.47

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0835		Trade debt				
Open Arms Circle Inc. 860 E. 161 Street Bronx, NY 10459	-					130.00
Account No. xxx0592		Trade debt				
Optimal Rehabilitation OT & PT 721 Melrose Avenue Bronx, NY 10455-1121	-					282.92
Account No. xxx0587		Trade debt				
P.S.C. Community Svcs. PO Box 386 2nd Floor Brooklyn, NY 11222	-					40,707.50
Account No. xxx0183		Trade debt				
Park Gardens Rehabilitation & 6585 Broadway Bronx, NY 10471	-					1,880.00
Account No. xxx0763		Trade debt				
Park Slope Medicine PO Box 5450 New York, NY 10087-5450	-					23.43
Sheet no. 37 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			43,023.85

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0394		Trade debt				
Passaic Healthcare Services LL P.O. Box 826376 Philadelphia, PA 19182-6376	-					559.43
Account No.						
People Care Inc. 116 West 32nd Street 15th Floor New York, NY 10001	-				X	Unknown
Account No. xxx0530		Trade debt				
Personal Touch Home Care of NY Gen Post Office PO Box 5248 New York, NY 10117-2534	-					179,587.25
Account No. xxx0534		Trade debt				
Personal Touch Home Care of We 7-11 South Broadway Suite 300 White Plains, NY 10601	-					138,254.88
Account No.		Trade debt				
Personal Touch Home Health Svc Law Office of Avrum J. Rosen 38 New Street Huntington, NY 11743	-					0.00
Sheet no. 38 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			318,401.56

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0658		Trade debt				
PHC Services Ltd. 445 Hamilton Avenue White Plains, NY 10601	-					7,999.86
Account No. xxx0035		Trade debt				
Premier Home Health Care Servi 445 Hamilton Avenue 10th Floor White Plains, NY 10601-1831	-					6,680.00
Account No. xxx0251		Trade debt				
Prime Medical Supply Corporati 5723 New Utrecht Avenue Brooklyn, NY 11219	-					2,114.02
Account No. xxx0205		Trade debt				
Productive Programming Inc. 4901 Page Lane Black Earth, WI 53515	-					325.00
Account No. xxx0536		Trade debt				
Progressive Home Health Svc 90 Broad Street 10th Floor New York, NY 10004	-					31,832.45
Sheet no. 39 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						48,951.33

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0649 Protherapy Rehabilitation 866 East Tremont Avenue Bronx, NY 10460-4201	-	Trade debt				311.54
Account No. xxx0885 Pudel Avraham, DPM 2601 Avenue S Brooklyn, NY 11229-2358	-	Trade debt				28.19
Account No. xxx0679 Quality Health Care 3512 Quentin Road Brooklyn, NY 11234	-	Trade debt				14,849.75
Account No. xxx0454 Queens Borough Day Care LLC 135-10 35th Avenue Flushing, NY 11354-2808	-	Trade debt				7,120.00
Account No. xxx0482 Quest Analytics 17 Park Place Appleton, WI 54914	-	Trade debt				10,125.00
Sheet no. 40 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			32,434.48

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0783		Trade debt				
R & M Ambulette Inc. 561 S Fulton Avenue Mount Vernon, NY 10550	-					724.50
Account No. xxx0059		Trade debt				
R&B Healthcare Services, LLC 17-19 Industrial Avenue Fairview, NJ 07022	-					349.02
Account No. xxx0563		Trade debt				
Rain Home Attendant Services, 811 Morris Park Avenue Bronx, NY 10462	-					290,621.35
Account No. xxx0525		Trade debt				
Rainbow Ambulette Services Inc 327 Soundview Avenue Bronx, NY 10473	-					840.00
Account No. xxx0895		Trade debt				
Ravikumar V. Patel 401 Ditmas Avenue Brooklyn, NY 11218-4919	-					100.43
Sheet no. 41 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			292,635.30

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0741		Trade debt				
Recco Home Care Service, Inc. 524 Hicksville Road Massapequa, NY 11758	-					10,448.49
Account No. xxx0702		Trade debt				
Regal Heights 70-05 35th Avenue Jackson Heights, NY 11372	-					6,750.64
Account No. xxx0206		Trade debt				
Regeis Care Center 3200 Baychester Avenue Bronx, NY 10475	-					12,813.20
Account No. xxx0148		Trade debt				
Relay Health P.O. Box 403421 Atlanta, GA 30384-3421	-					29,037.09
Account No. xxx0037		Trade debt				
Relco Construction Co. 1609 Williamsbridge Road Bronx, NY 10461	-					170.00
Sheet no. 42 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 59,219.42

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0645		Trade debt				
Rem Transportation 2404 E. 23rd Street Brooklyn, NY 11235-2511	-					330.00
Account No. xxx0616		Trade debt				
Renaissance Home Health Care 3044 Coney Island Avenue 4th Floor Brooklyn, NY 11235	-					864.26
Account No. xxx0632		Trade debt				
Ridgewood Bushwick 533 Buswick Avenue Brooklyn, NY 11206	-					46,160.37
Account No. xxx0339		Trade debt				
Ritecare Medical Products 266 47th Street Brooklyn, NY 11220-1010	-					793.69
Account No. xxx0572		Trade debt				
Rockaway Home Attendant Svcs. 16-03 Central Avenue Suite 100 Far Rockaway, NY 11691	-					93,263.84
Sheet no. 43 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			141,412.16

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0684		Trade debt				
Sans Souci Rehab & Nursing Cen 115 Park Avenue Yonkers, NY 10703	-					0.00
Account No. xxx0303		Trade debt				
Schervier Nursing Care Center 2975 Independence Avenue Riverdale, NY 10463	-					2,533.08
Account No. xxx0597		Trade debt				
School Settlement HASC 357 Manhattan Avenue Brooklyn, NY 11211	-					52,231.70
Account No. xxx0279		Trade debt				
SeniorCare Emergency Medical S Lockbox 2272 PO Box 8500 Philadelphia, PA 19178-2272	-					3,142.19
Account No. xxx0533		Trade debt				
Services for the Aged 36 36 33rd Street Long Island City, NY 11106	-					63,004.31
Sheet no. 44 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			120,911.28

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0510		Trade debt				
Shiva Ambulette Services Inc. 5582 Broadway Bronx, NY 10463	-					2,667.70
Account No. xxx0046		Trade debt				
Shree Jee Surgical Supplies, I 750 South Fulton Avenue Mount Vernon, NY 10550	-					696.88
Account No. xxx0407		Trade debt				
Sinai Van Service P O Box 960246 Inwood, NY 11096	-					14,916.00
Account No. xxx0584		Trade debt				
Social Concern Community 226-18 Merrick Blvd. Laurelton, NY 11413	-					59,542.95
Account No. xxx0159		Trade debt				
Spring Ambulette Inc. 1582 E. 34th Street Brooklyn, NY 11234	-					360.00
Sheet no. 45 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			78,183.53

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0064		Trade debt				
St Baranbus Rehab and Continui 2175 Quarry Road Bronx, NY 10457	-					9,397.00
Account No. xxx0639		Trade debt				
St. Joseph Nursing Home 127 So. Broadway Yonkers, NY 10701	-					18,677.64
Account No. xxx0609		Trade debt				
St. Nicholos Human Support 2 Kingsland Avenue Brooklyn, NY 11211	-					169,227.90
Account No.		Trade debt				
St. Nicks Alliance Law Office of Avrum J. Rosen 38 New Street Huntington, NY 11743	-					0.00
Account No. xxx0316		Trade debt				
Starnet Emergency Services Inc PO Box 9500-1605 Philadelphia, PA 19195-1605	-					434.71
Sheet no. 46 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			197,737.25

In re HHH Choices Health Plan, LLCCase No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0398		Trade debt				
Sterling Podiatric 1250 E. 223 Street Suite #1 Bronx, NY 10466	-					1,229.08
Account No. xxx0601		Trade debt				
Stewart Kalatsky, DPM 56 Lawrence Avenue Lawrence, NY 11559-1436	-					68.94
Account No. xxx0613		Trade debt				
Sunnyside Home Care Project 43-31 39th Street Long Island City, NY 11104	-					41,048.58
Account No. xxx0388		Trade debt				
Tej Podiatric Group PC 11 Shrub Hollow Road Roslyn, NY 11576-3107	-					150.10
Account No. xxx0588		Trade debt				
The Avondale Group PO Box 1379 New York, NY 10018	-					54,474.48
Sheet no. 47 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			96,971.18

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0509 The Royal Care 6323 14th Avenue Brooklyn, NY 11219		Trade debt				648,045.48
Account No. xxx0426 The Royal Care 6323 14th Avenue Brooklyn, NY 11219		Trade debt				65,061.00
Account No. xxx0599 The Royal Care 6323 14th Avenue Brooklyn, NY 11219		Trade debt				0.00
Account No. xxx0043 Throgs Extended Care Facility 707 Throgs Neck Expressway Bronx, NY 10465		Trade debt				828.30
Account No. xxx0408 Top Chef Meals 175 Clearbrook Road Elmsford, NY 10523		Trade debt				1,515.45
Sheet no. 48 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			715,450.23

In re HHH Choices Health Plan, LLC,
DebtorCase No. 15-11158-mew**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0603		Trade debt				
Total Medical P.C. 3039 Ocean Parkway Brooklyn, NY 11235-8370	-					324.11
Account No. xxx0069		Trade debt				
Transcare NY PO Box 785586 Philadelphia, PA 19178-5586	-					283.96
Account No. xxx0650		Trade debt				
Tri-County Ambulette Service I 846 Midland Avenue Yonkers, NY 10704	-					1,914.00
Account No. xxx0796		Trade debt				
True Care Home Health Care Sys 117 Church Avenue Brooklyn, NY 11218	-					73,064.00
Account No. xxx0686		Trade debt				
True Care Home Health Care Sys 117 Church Street Brooklyn, NY 11218	-					6,888.00
Sheet no. 49 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			82,474.07

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B E T O R H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CON T I N G E N T	U N L I Q U I D A T E D	DIS P U T E D	AMOUNT OF CLAIM
Account No. xxx0659		Trade debt				
Ultimate Services for You, Inc 1506 Sheepshead Bay Road Brooklyn, NY 11235	-					11,040.00
Account No. xxx0295		Trade debt				
Ultra Medical Supply 242 West 231st Street Bronx, NY 10463	-					2,611.10
Account No. xxx0630		Trade debt				
United Hebrew Geriatric Center 391 Pelham Road New Rochelle, NY 10805	-					3,102.32
Account No. xxx0052		Trade debt				
United Orthopedica 326 Second Avenue New York, NY 10003	-					211.80
Account No. xxx0010		Trade debt				
Urgicare PO Box 8000 Buffalo, NY 14267	-					6,021.74
Sheet no. 50 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			22,986.96

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0553		Trade debt				
Utd Jewish Cou Home Attns Svcs 500 A Grand Street New York, NY 10002	-					186,816.08
Account No. xxx0348		Trade debt				
Valmar Surgical Supplies 1717 Broadway Hewlett, NY 11557	-					95.64
Account No. xxx0657		Trade debt				
Vital Transit Inc. 113-50 Springfield Blvd. Queens Village, NY 11429	-					277.60
Account No. xxx0287		Trade debt				
VNS Home Care 1250 Broadway 15th Floor New York, NY 10001	-					63,184.82
Account No. xxx0531		Trade debt				
Walter C. Goldenbaum, DPM 89 B Fairway Lane Whiting, NJ 08759-3484	-					250.50
Sheet no. 51 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			250,624.64

In re **HHH Choices Health Plan, LLC**Case No. 15-11158-mew

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODE DEBTOR H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. xxx0776		Trade debt				
Westchester Care at Home 360 Mamaroneck Avenue White Plains, NY 10550	-					24,692.80
Account No. xxx0859		Trade debt				
Westchester Stairlift LLC 24 Lester Place New Rochelle, NY 10804	-					720.00
Account No. xxx0041		Trade debt				
Willis 5420 Millstream Road Suite 200 Mc Leansville, NC 27301-3000	-					81,268.88
Account No. xxx0834		Trade debt				
Zg Advanced Podiatry Services, 2306 Avenue U Brooklyn, NY 11229-4917	-					31.07
Account No.						
Sheet no. 52 of 52 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			106,712.75
			Total (Report on Summary of Schedules)			31,868,171.68

In re HHH Choices Health Plan, LLC,
Debtor

Case No. 15-11158-mew

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

Relay Health
P.O. Box 403421
Atlanta, GA 30384-3421

Third Party Claims Administrator

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re

HHH Choices Health Plan, LLC

Case No. 15-11158-mew

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
HHCS, Inc. 55 Grasslands Road Valhalla, NY 10595 Guaranty executed 7/23/14 (*Disputed)	New York State Dept. of Health Corning Tower Empire State Plaza Albany, NY 12237

United States Bankruptcy Court
Southern District of New York

In re HHH Choices Health Plan, LLC

Debtor(s)

Case No.
Chapter15-11158-mew
11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO of the corporation named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 67 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date July 13, 2015Signature /s/ Mary Frances Barrett
Mary Frances Barrett
CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Southern District of New York

In re **HHH Choices Health Plan, LLC**

Debtor(s)

Case No.
Chapter

15-11158-mew
11

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$477,722.37	2015 YTD: Business Income
\$74,156,566.00	2014: Business Income
\$87,890,348.00	2013: Business Income

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
--------	--------

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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See attached schedule

\$0.00

\$0.00

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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See attached schedule

\$0.00

\$0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
People Care Inc. v. HHH Choices Health Plan LLC, et al. Case No. 64458/2014	Commercial	Supreme Court of Westchester County, New York	Pending
Allied Health Services Inc. v. HHH Choices Health Plan LLC, et al. Case No. 24530/2014E	Commercial	Supreme Court of Bronx County, New York	Pending
Health Acquisition Corp. v. HHH Choices Health Plan LLC, et al. Case No. 21442/2015E	Commercial	Supreme Court of Bronx County, New York	Pending
Bestcare Inc. v. Hebrew Hospital Home of Westchester Inc., et al. Case No. 601808/2015	Commercial	Supreme Court of Nassau County, New York	Pending

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
1199SEIU United Healthcare Workers East v. HHH Choices Health Plan LLC, et al. Case No. 651016/2015	Commercial	Supreme Court of New York County, New York	Pending
1199SEIU United Healthcare Workers East v. HHH Choices Health Plan LLC, et al. Case No. 651133/2015	Commercial	Supreme Court of New York County, New York	Pending

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
New York State Department of Health Corning Tower Empire State Plaza Albany, NY 12237	Asset Purchase Agreement -Managed Long Term Care Program -Seller = Debtor -Buyer = Senior Health Partners Inc.	9/30/14	Restricted Escrow Funds -M&T Bank - Account xxx2433 -\$4,273,156.85 Deferred Sale Proceeds -Chase Bank - Account xxx xxx 417 -\$1,251,554.09

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Harter Secrest & Emery LLP 12 Fountain Plaza Suite 400 Buffalo, NY 14202	5/29/15	\$75,000 -- Retainer
Getzler Henrich & Associates LLC 295 Madison Avenue 20th Floor New York, NY 10017	5/29/15	\$50,000 -- Retainer

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
Senior Health Partners Inc. 100 Church Street New York, NY 10007	9/30/14	Sale of New York Managed Long Term Care Program for approximately \$5,550,000 -- \$4,300,000 in restricted escrow funds with M&T Bank and \$1,250,000 in deferred cash proceeds set for release in 9/15 and 3/16

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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15. Prior address of debtor

None If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
2100 Bartow Avenue Suite 310 Bronx, New York 10475	HHH Choices Health Plan LLC	Business sale consummated 9/30/14

16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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18 . Nature, location and name of business

None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

Brian Perino (former CFO)
55 Grasslands Road
Valhalla, NY 10595

DATES SERVICES RENDERED
Through 9/7/14

Peter Cutaia (current CFO)
55 Grasslands Road
Valhalla, NY 10595

Since 9/8/14

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME
Abbate DeMarinis LLP

ADDRESS
377 Oak Street
Suite 209
Garden City, NY 11530-6542

DATES SERVICES RENDERED
Since initiation of program 2006/2007

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME
Abbate DeMarinis LLP

ADDRESS
377 Oak Street
Suite 209
Garden City, NY 11530-6542

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS
New York State Dept. of Health
Corning Tower
Empire State Plaza
Albany, NY 12237

DATE ISSUED
Quarterly

New York State Workers' Compensation Bd.
328 State Street
Schenectady, NY 12305-2318

Annually

M&T Bank
One M&T Plaza
Buffalo, NY 14203

Annually

Cool Insurance Agency Inc.
784 Troy-Schenectady Road
Latham, NY 12110

Annually

20. Inventories

None a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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None b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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21 . Current Partners, Officers, Directors and Shareholders

None a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
Alan S. Pearce, Esq. Bryan Cave LLP 1290 Avenue of the Americas New York, NY 10104-3300	Chairman	
Michael Laub 55 Grasslands Road Valhalla, NY 10595	Director	
Mary Frances Barrett 55 Grasslands Road Valhalla, NY 10595	President/Director	
HHCS Inc. 55 Grasslands Road Valhalla, NY 10595	Parent	100%
Peter Cutaia 55 Grasslands Road Valhalla, NY 10595	Secretary/Treasurer	

22 . Former partners, officers, directors and shareholders

None a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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None b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
Brian Perino 55 Grasslands Road Valhalla, NY 10595	CFO	9/14

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS
OF RECIPIENT,
RELATIONSHIP TO DEBTOR
See attached schedules -- 3b & 3c

DATE AND PURPOSE
OF WITHDRAWAL

AMOUNT OF MONEY
OR DESCRIPTION AND
VALUE OF PROPERTY

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION
HHCS Inc.

TAXPAYER IDENTIFICATION NUMBER (EIN)
13-3358075

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND
HHH Choices Health Plan LLC -- 403(b) Plan

TAXPAYER IDENTIFICATION NUMBER (EIN)
20-5527012

* * * * *

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date July 13, 2015

Signature /s/ Mary Frances Barrett
Mary Frances Barrett
CEO

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

Schedule for SoFA 3b

AP Check Register by (Check Number) -- From 02/01/2015 thru 05/30/2015

Bank Code:	6 Wachovia Operating Account		Cash Account:	14101 [REDACTED] Thru			
Check Number	Check Date	Vendor Code	Vendor Name	Invoice Number	Invoice Amt Applied	Amount Paid	Check Amount
0000002083 M	2/18/2015	123	HARTFORD LIFE	21815	139.48	139.48	139.48
0000026614 C	2/3/2015	249	BLUE CROSS BLUE SHIELD	10115	33.93	33.93	33.93
0000026636 C	3/19/2015	249	BLUE CROSS BLUE SHIELD	20115	30.61	30.61	30.61
0000026648 C	4/23/2015	249	BLUE CROSS BLUE SHIELD	40115	21.18	21.18	21.18
0000026649 C	4/23/2015	249	BLUE CROSS BLUE SHIELD	30115	30.61	30.61	30.61
0000026615 C	2/3/2015	253	PRUDENTIAL GROUP INSURANCE	14760940	198.81	198.81	198.81
0000026616 C	2/3/2015	253	PRUDENTIAL GROUP INSURANCE	14760970	117.22	117.22	117.22
0000026617 C	2/3/2015	253	PRUDENTIAL GROUP INSURANCE	14761029	103.93	103.93	103.93
0000026639 C	3/19/2015	253	PRUDENTIAL GROUP INSURANCE	14683769	-116.73	-116.73	
				14868915	198.81	198.81	
					82.08	82.08	82.08
0000026640 C	3/19/2015	253	PRUDENTIAL GROUP INSURANCE	14868880	103.93	103.93	103.93
0000026641 C	3/19/2015	253	PRUDENTIAL GROUP INSURANCE	14868921	117.22	117.22	117.22
0000026618 C	2/6/2015	96	KONICA MINOLTA BUSINESS	9000756591	218.67	218.67	218.67
0000026626 C	2/27/2015	96	KONICA MINOLTA BUSINESS	9000914287	197.12	197.12	197.12
0000026619 C	2/20/2015	60	FED-EX	2-83086529	16.66	16.66	16.66
				2-83811806	48.49	48.49	48.49
				2-86699808	16.93	16.93	16.93
				2-88972841	58.09	58.09	58.09
					140.17	140.17	140.17
0000026631 C	3/9/2015	60	FED-EX	2-86036579	16.93	16.93	16.93
0000026646 C	3/27/2015	60	FED-EX	2-90927095	35.4	35.4	
				2-96011374	17.58	17.58	
					52.98	52.98	52.98
0000026652 C	4/23/2015	60	FED-EX	2-92364961	30.92	30.92	
				2-93085222	36.69	36.69	
					67.61	67.61	67.61
0000026620 C	2/20/2015	21	VERIZON WIRELESS	9738961456	952.75	952.75	952.75

0000026621 C	2/23/2015	213 OXFORD HEALTHPLANS	47440738	4,416.72	4,416.72	4,416.72
0000026622 C	2/23/2015	213 OXFORD HEALTHPLANS	47454413	5,385.12	5,385.12	5,385.12
0000026623 C	2/23/2015	213 OXFORD HEALTHPLANS	47454422	736.12	736.12	736.12
0000026624 C	2/23/2015	213 OXFORD HEALTHPLANS	47454485	664.83	664.83	664.83
0000026642 C	3/23/2015	213 OXFORD HEALTHPLANS	47586134	4,254.91	4,254.91	4,254.91
0000026643 C	3/23/2015	213 OXFORD HEALTHPLANS	47586142	736.12	736.12	736.12
0000026644 C	3/23/2015	213 OXFORD HEALTHPLANS	47604573	664.83	664.83	664.83
0000026645 C	3/23/2015	213 OXFORD HEALTHPLANS	HH9525	4,416.72	4,416.72	4,416.72
0000026656 C	4/23/2015	213 OXFORD HEALTHPLANS	4700068	3,124.70	3,124.70	3,124.70
0000026657 C	4/23/2015	213 OXFORD HEALTHPLANS	47692003	3,680.60	3,680.60	3,680.60
0000026658 C	4/23/2015	213 OXFORD HEALTHPLANS	47700072	736.12	736.12	736.12
0000026659 C	5/27/2015	213 OXFORD HEALTHPLANS	47840080	1,918.39	1,918.39	1,918.39
0000000001 M	5/31/2015	213 OXFORD HEALTHPLANS	47840080	1,918.39	1,918.39	1,918.39
			47840080	-1,918.39	-1,918.39	-1,918.39
		Total for Check 0000000001-M		0	0	0
0000026625 C	2/27/2015	45 AETNA	193	1,685.06	1,685.06	1,685.06
0000026635 C	3/19/2015	45 AETNA	194	1,685.06	1,685.06	1,685.06
0000026627 C	2/27/2015	182 MILLIMAN	HHH02-053	3,592.50	3,592.50	3,592.50
0000026632 C	3/9/2015	182 MILLIMAN	HHH02-054	1,633.75	1,633.75	1,633.75
0000026647 C	4/10/2015	182 MILLIMAN	HHH02-055	2,330.00	2,330.00	2,330.00
0000026628 C	2/27/2015	451 MUTUAL OF OMAHA	3552599191	398.29	398.29	398.29
0000026629 C	2/27/2015	13 THE FARMINGTON COMPANY	13115	55	55	55
0000026630 C	2/27/2015	616 THE GUARDIAN LIFE INS. CO OF A	120114	24.6	24.6	24.6
0000080528 C	2/20/2015	481 CEMUSA	470-9186	11,307.71	11,307.71	
			470-9537	28,692.29	28,692.29	
		Total for Check 0000080528-C		40,000.00	40,000.00	40,000.00
0000080529 C	3/19/2015	481 CEMUSA	470-10029	7,153.83	7,153.83	
			470-9537	32,846.17	32,846.17	
		Total for Check 0000080529-C		40,000.00	40,000.00	40,000.00
0000026633 C	3/9/2015	274 NYS DEPT OF LABOR UI DIV	20615	9,928.00	9,928.00	9,928.00
0000026653 C	4/23/2015	274 NYS DEPT OF LABOR UI DIV	40315	9,281.84	9,281.84	9,281.84

0000026654 C	4/23/2015	274 NYS DEPT OF LABOR UI DIV	40315	3,285.00	3,285.00	3,285.00
0000026634 C	3/9/2015	5 RELAYHEALTH	5055975	17,049.96	17,049.96	17,049.96
0000026655 C	4/23/2015	5 RELAYHEALTH	5055984	15,059.69	15,059.69	15,059.69
0000026637 C	3/19/2015	520 HARTER SECREST & EMERY LLP	649539	3,487.30	3,487.30	3,487.30
0000026638 C	3/19/2015	330 HI TOUCH BUSINESS SERVICES	758301	10,416.40	10,416.40	10,416.40
0000026650 C	4/23/2015	9 CITISTORAGE, LLC	787027	54.45	54.45	54.45
			791872	54.45	54.45	54.45
			796635	54.45	54.45	54.45
		Total for Check 0000026650-C		163.35	163.35	163.35
0000026651 C	4/23/2015	237 COOL INSURING AGENCY, INC	40115	15,750.00	15,750.00	
			40115	3,731.92	3,731.92	
		Total for Check 0000026651-C		19,481.92	19,481.92	19,481.92

Schedule for SoFA 3c

*HHH Choices Health Plan LLC
Gross to Net Wages from 5/9/14-5/8/15*

	<u>Employee</u>	<u>ID</u>	<u>Gross Wages</u>	<u>Net Payroll</u>
Pay Agency: HHH Choices Health Plan LLC Employer ID: 20-5527012	Perino, Brian J	200213	158,885.81	96,277.25
	Fasulo, Laura	500013	206,568.17	122,124.61
	Cutaia, Peter P	600002	98,122.69	57,930.18

United States Bankruptcy Court
Southern District of New York

In re HHH Choices Health Plan, LLC,
Debtor
Case No. 15-11158-mew
Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
HHCS, Inc. 55 Grasslands Road Valhalla, NY 10595		100%	Stockholder

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the CEO of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date July 13, 2015

Signature /s/ Mary Frances Barrett

Mary Frances Barrett
CEO

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C §§ 152 and 3571.

0 continuation sheets attached to List of Equity Security Holders